Welcome to ESMO 2014 in Madrid

ESMO 2014 was officially opened yesterday in front of a large crowd of delegates by ESMO President, Professor Rolf A. Stahel from University Hospital Zurich, Switzerland, who welcomed attendees to “The most important ESMO Congress yet.”

This, he said, was a Congress of records. The number of delegates attending ESMO 2014 has increased by 15% compared with ESMO 2012, from 16,000 to over 18,500, confirming that the oncology community considers ESMO to be one of the most important medical congresses in the world. And it’s not just European oncology professionals who choose ESMO. “The numbers of Congress participants from outside Europe support this as a global collaboration and a truly international event,” he said.

Professor Stahel spoke of his vision to make ESMO a dynamic force in facilitating research in Europe. ESMO should be a central force in co-ordinating co-operation between researchers and national research groups. ESMO also aims to foster relationships with national cancer centres to assist with the dissemination of their expertise and experience to national and local research groups. The ESMO Congress provides a global forum in which to present cutting-edge research and share expertise on best clinical practice. “Perhaps more importantly,” suggested Professor Stahel, “it offers delegates the rare opportunity for face-to-face meetings, which promote information exchange and networking. It is these types of interaction that effectively promote progress in research.”

ESMO members are particularly well placed to make the most of the Congress experience, Professor Stahel went on to explain, with benefits combining hospitality, customer service and educational and scientific updates. The advantages of membership are not lost on the oncology community, and ESMO membership has grown nearly 150% in the last 10 years, currently nearing 10,000 members. “Particularly encouraging is the increase in the number of female oncology professional members, who now make up around 38% of the membership, something that was instrumental in the development of ESMO’s Women for Oncology (W4O) initiative launched by my predecessor Professor Martine Piccart, Institute Jules Bordet, Belgium,” he said. Professor Stahel announced the next step in this initiative, the ESMO Women for Oncology Award, which will recognise people who have significantly contributed to support the career development of women in oncology and actively who have worked to sensitise organisations to perceive the female oncology workforce as a valuable resource.

“We in ESMO are particularly proud of our excellent reputation for education and the development of educational resources,” continued Professor Stahel. A number of educational efforts are aimed at a group ESMO is passionate about nurturing: the Young Oncologists, who have their own track during the Congress. “Young oncologists are the future of oncology, and it is our responsibility to ensure that they have the best possible training and support to enable them to succeed in their careers.”

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Daily Editorial

Evandro de Azambuja,
Congress Daily Editor-in-Chief
Institut Jules Bordet, Brussels, Belgium

Precision medicine: The two sides of the coin

Today ESMO 2014 begins in earnest. Over the course of the Congress, the Congress Daily Editorial Team – myself, Associate Editors Markus Joerger, Floriana Morgillo and Guest Associate Editor Giuseppe Curigliano – will be keeping you up to date with the latest information presented at the meeting.

Along with thousands of oncology professionals from across Europe and beyond, I cannot wait to learn about the latest advances in all areas of cancer care, but I am sure that one particular area will be in the spotlight: precision medicine.

We have been talking excitedly about pharmacogenomics, personalisation and targeting for 20 years or more. But I am glad precision medicine in cancer care is the theme this year because I believe that we are at a tipping point. Precision medicine is at last moving – and fast – from theory to practice, from bench to bedside. We are witnessing significant improvements in patient outcomes and, in some cases, in patients’ quality of life.

“We are privileged to be able to serve cancer patients during this exciting time in cancer research, with the rapidly expanding diagnostic and therapeutic armamentarium available to us today allowing us to design and deliver clinical trials that are rapidly changing the standard of care,” commented Professor Johann de Bono, ESMO 2014 Scientific Committee Chair.

I have been fortunate to participate in this development. I have watched how advances in high-throughput technologies, from microarrays to next generation sequencing, have paved the way for the first targeted therapeutic.

The pace of development in oncology is one of the fastest.

We all know the story of the renowned cancer drug imatinib, which, after initial success, stalled as we have many early targeted therapeutics. But this year’s Congress shows that we are again making promising progress as we build on work over the last decade to characterise the genomes of thousands of patients in different cancer types. Several Proffered Paper and Special Symposium Sessions are set to reveal some of the very latest tumour characterisations, highlighting new classifications, predictive biomarkers and potential new therapeutic targets. Also, we have learned that some cancers are not only one type of disease but rather many. A good example is breast cancer. In the early 2000s, breast cancer was considered only one disease; with new technologies, four subtypes have been reported. These have helped in the development of cancer therapies by enabling the selection of patients most likely to respond to a particular new type of therapy to be included in clinical trials. Nowadays, breast cancer can be divided into many more tumour subtypes.

So can we start to herald precision medicine as a revolution in cancer care? Let us not forget that most of the precision therapies that we will discuss this week are still in clinical development. However, as the costs of genome sequencing continue to drop, personalisation will become increasingly common over the next decade. It will become a straightforward matter to classify tumours against a complex array of biomarkers and to use this information to optimise therapy combinations.

With this goal in mind, one of the big pushes in research at the moment is to identify predictive biomarkers for new and existing therapies. While laboratory analyses continue to identify potential markers, clinicians are working on new trial designs, which will generate suitable data to assess their predictive and/or prognostic role.

It is always a challenge to translate laboratory results into clinical benefit, but when it comes to genomic research, the scale of the problem is so much bigger. The volume of data produced by high-throughput systems is staggering. So laboratory and clinical work must be accompanied with substantial investment in bioinformatics research; we desperately need new algorithms, data mining and powerful analysis to identify meaningful biomarkers and test their prognostic or predictive roles. This will be particularly important where only a small amount of tumour tissue is available to sample.

Of course, tissue samples taken at diagnosis are just a snapshot of a tumour’s genomic landscape, which typically evolves over time. One cannot forget the tumour heterogeneity, which may be responsible for tumour resistance. To what extent can precision medicine overcome these dynamics? One option is to target multiple tumour pathways at once. Already we are seeing a transition from the ‘single biomarker, single drug’ approach to combinations of two or more therapies based on more complex pathways. Also, in some cases, targeted agents are given to patients without any chemotherapy. However, toxicity may limit the number of combination therapies available to a given patient. Therefore, oncology researchers are focusing on how to use biomarker data to optimise combinations for the best outcomes with minimal toxicity.

However, while the research landscape is full of promise, can European healthcare systems afford the luxury of personalisation? I believe the economic analysis looks favourable. For example, it is widely believed that the cost of patient genome sequencing should soon shrink below the $1000 mark. The emphasis on finding predictive biomarkers will help to make targeted therapies more affordable. Development costs for targeted therapeutics may be lower too. We are already beginning to see the design of trials with alternative endpoints to traditional drug trials and the use of adaptive trial designs, which consider information as it accumulates throughout a trial and this should help to speed up development and reduce costs.

So much progress, yet so many questions! Even after 20 years of debate—and 20 years of research—we still do not have all the answers. Over the next few days these debates will continue, but I for one am full of hope. Precision medicine is making steady but significant progress. The lives of our oncology patients are being changed.

of our Society and our profession,” Professor Stahel commented. From next year, ESMO is opening up membership to students in the hope of encouraging talented young professionals to choose medical oncology as their specialty.

Professor Stahel also announced that next year ESMO is taking the Congress to Asia and the first ESMO Asia Congress will take place in Singapore, 18–21 December 2015. With almost 20% of our current members from Australasia, ESMO is responding to this development in our membership base by working to meet the needs of members in expanding regions.

Last, but by no means least, Professor Stahel saw more good reasons to celebrate in 2015, with ESMO’s 40th anniversary, for which the Society saw more good reasons to celebrate in 2015, with ESMO’s 40th anniversary, for which the Society hopes to build on the accomplishments made during its first four decades.

Following on from Professor Stahel, ESMO 2014 Local Officer, Dr Ramon Colomer from Hospital Universitario de La Princesa, Madrid, Spain, chose co-operation as the focus of his address. He described the changes and advances in oncology in Spain in general and in Madrid in particular, and of the success achieved by the collaborative efforts of international societies like ESMO, national groups such as SEOM, and patient groups. More from Dr Colomer will be featured in tomorrow’s edition of the Congress Daily.

ESMO Scientific Chair, Professor Johann de Bono from The Royal Marsden Hospital, Sutton, UK, then delivered his Scientific Address in which he expanded on the choice of Precision Medicine in Cancer Care as this year’s Congress theme, telling delegates that, “Our vision is for better patient outcome and more efficient healthcare, faster and more cost-effective drug development and utilisation of circulating biomarkers.” Abstract submission this year increased by 24% compared with ESMO 2012, and more than one-third of the accepted abstracts involved predictive biomarkers and targeted drugs focusing on novel and established therapeutic targets.

Breakthroughs in immunotherapy

Immunotherapy of cancer

As a concept, immunotherapy seems to be an ideal option for cancer therapy: using the body’s own defences to fight and destroy abnormal, cancerous cells. Now, after years of slow progress, clinical trials are finally producing some exciting results, with some of them demonstrating increased survival for patients with metastatic disease.

“We are seeing encouraging responses in patients”

COMMENTED DR GEORGE COUKOS FROM THE CENTRE HOSPITALIER UNIVERSITAIRE VAUDIOS, LALISANNE, SWITZERLAND

Indeed, last year, Sienoń labeled immunotherapy as the science advance of the year.

“We now have a number of approved immunotherapeutics, with several more in advanced development. In my opinion, this is one of the most exciting fields to be working in,” added Dr Coukos.

A major breakthrough has been the development of checkpoint inhibitors—typically monoclonal antibodies that block the activity of immunosuppressive ligands released by many cancer cells. For example, nivolumab inhibits the binding between the T cell receptor PD-1 and its ligands, thereby preventing T cell differentiation.

In the phase I CheckMate-010 trial of nivolumab for renal cell carcinoma in patients receiving up to 3 prior therapies (including at least one vascular endothelial growth factor-targeting agent), 20–22% of patients responded and the median overall survival was 18.2 months.1

The cancer vaccine sipuleucel-T won approval from the FDA in 2010 as the first ever therapeutic vaccine for cancer.2 The treatment harvests leukocytes from a patient and incubates them with a fusion protein made up of prostatic acid phosphatase and granulocyte-macrophage colony stimulating factor (GM-CSF). This activates the patient’s immune cells, which are reinfused to trigger an immune response against cancer cells.

Learn more about TILs in today’s Promoted Paper Session on the Immunotherapy of Cancer 11:00 – 12:15, Barcelona: Abstract 10480

Another recent immunotherapeutic approach under investigation is the exploitation of tumour infiltrating lymphocytes (TILs). A process called adoptive cell therapy essentially grows quantities of TILs from a patient’s tumour for reinfusion to boost the antitumour immune response.

*Immunotherapy will add to the treatment armamentarium for many cancer patients, especially in kidney and non-small-cell lung cancers and melanoma, where slow growth favours the immunological approach,” said ESMO 2014 Congress President Rolf Stahel from the University Hospital Zürich, Switzerland. “It is crucial that oncologists stay abreast of these advances.”

In addition to precision medicine, immunotherapy is also a focus of the ESMO 2014 congress.

To help you keep up to date, talks will cover all key aspects of immuno-oncology, with a Keynote Lecture on Delivering Precision Immunotherapy today 13.00 – 13.45, Barcelona.

In 2013 ESMO held its first Immuno-Oncology Symposium. The symposium was a resounding success, with oncologists coming from across Europe learned about recent clinical advances, including trial updates on drug combinations and sequences. The event will take place again this year in Geneva, Switzerland.

ESMO Fellowship and Award Committee Chair, Dr Josep Tabernero from Vall d’Hebron University Hospital, Barcelona, Spain, then presented ESMO awards to three members of the European oncology community. More on each of these awards will be featured in Congress Daily today and in the following days.


Pathway of the day: RAS/RAF/MEK/ERK

The RAS/RAF/MEK/ERK pathway (also known as the MAPK pathway; Figure) regulates key cellular functions including proliferation, survival, differentiation, angiogenesis and migration. Activation of the pathway at the cell surface is initiated by ligand binding to receptor tyrosine kinases. The resulting signal cascades sequentially via RAS, RAF, mitogen-activated protein kinase (MEK) and finally extracellular signal-regulated kinase (ERK); the latter regulates gene transcription in the cell nucleus.

Activating point mutations of RAS genes (most often the KRAS variant) are generally acquired early in tumourigenesis and are found in approximately 30% of human cancers, such as pancreatic, colorectal and lung cancers.

Three variants of the RAF gene exist, which encode for the respective ARAF, BRAF and RAF-1 (or CRAF) proteins. Mutations in the serine/threonine kinase gene, BRAF, occur frequently in a number of cancers, particularly melanoma, papillary thyroid, colon and serous ovarian cancers. The second-generation BRAF inhibitors, dabrafenib and vemurafenib, are approved for the treatment of advanced melanoma.

Although MEK gene mutations occur rarely and are associated with a small proportion of melanoma, lung and colon cancers, MEK is a key downstream protein in the RAS/RAF/MEK/ERK pathway and thus a prime target for inhibitor therapy. Sensitivity to MEK inhibitors is enhanced in tumour cells harbouring RAS pathway mutations. The MEK inhibitor, trametinib, is approved for the treatment of BRAF-mutated melanoma. Improved clinical benefit has been demonstrated with combined BRAF and MEK inhibitor therapy. For instance, dabrafenib/trametinib combination enhances response rates and progression-free survival in advanced melanoma.

Head and Neck Cancer on Trial

Don’t miss today’s Proffered Paper Session on Head and Neck Cancer. Late-breaking abstracts will give data on: the phase II LUX-Head & Neck 1 study comparing atalisib with methotrexate for the treatment of recurrent/metastatic head and neck cancer progressing on platinum-based therapy (Abstract LBA30); and an analysis of serum biomarkers and gene mutations associated with clinical outcomes in the phase II SELECT study investigating lenvatinib in thyroid cancer (Abstract LBA30i).

Session Info: Proffered Paper Session, Head and Neck Cancer

DAY/DATE: SATURDAY 27 SEPTEMBER
09.15 – 10.45
ROOM: BILBAO

ESMO Lifetime Achievement Award

“I am honoured, both for myself and for my discipline. To be recognised for my contributions to oncology motivates me to redouble my efforts.”

— PROFESSIONAL PETER BOYLE

LATEST NEWS

Dr Caroline Robert,
Institut Gustave Roussy,
Paris, France

Hear Dr Robert’s presentation of the results of the COMBI-v phase III trial comparing combined BRAF/MEK inhibition with BRAF inhibition alone in patients with BRAF V600E/K mutation-positive cutaneous melanoma on Monday, 16.30 – 16.45, Madrid. Abstract LBA4, PP.
Young Oncologists: How to achieve career success

Friday evening saw young oncologists pick the brains of three established professionals to learn the steps to career success.

ESMO’s Young Oncologist session (YO) mentor Dr Christoph Zielinski spoke about how his career has developed. Dr Zielinski now heads the oncology department at the University Hospital of Vienna and is co-ordinating the Comprehensive Cancer Center of Vienna, Austria but he did not always have his sights set on oncology. Upon graduation he looked to immunology – the exciting science of the time. It was only when he took up a position at the Cancer Research Center in Boston, US that oncology became his passion, inspiring him to continue cancer research upon his return to Europe.

For Dr Zielinski, studying abroad is key to success. “International fellowships offer the opportunity to develop translational research skills,” he advises. “When selecting where to stay, do not be afraid to approach a smaller institution: while it may lack international reputation, it will give you more chances to get involved and hone your skills.”

Dr Nicholas Pavlidis from the University of Ioannina, Greece, commented on his own experiences of studying in America and London. “I agree with Dr Zielinski that studying abroad is a brilliant opportunity. It undoubtedly helped me to develop as a professional oncologist.”

Dr Pavlidis later returned to Greece to found a medical school at the University of Ioannina. “Of course, returning to a small country such as Greece will be trickier today in our harsh economic climate,” he added. “However, I do encourage you to return home to share your new skills.”

Medical oncologist Dr Angelo Di Leo also offered advice to young oncologists looking to go into research. Dr Di Leo knows how to excel in the laboratory: His early research explored personalised chemotherapy and today he works on biomarkers for breast cancer.

Together, these senior peers revealed the wealth of international opportunities open to young oncologists, offering advice on how to make the right decisions in the face of daily pressure and “burn out.”

After the talks, delegates enjoyed a unique networking opportunity to ask questions and chat informally with these mentors. As ever, networking is the key to unlocking doors to career progression.

Don’t worry if you missed the Vesalius talk – ESMO 2014 offers many more opportunities to network. The ESMO Members’ Lounge offers the perfect place to network for career development; you also have access to workstations – why not visit ESMO’s YO Corner while you are online?

For further tips on how to get ahead, remember to attend Monday’s YO Forum (09.00 – 10.30, Pamplona), Professor Peter Schmid, Professor of Experimental Cancer Medicine at Imperial College London, UK, will begin the session with an overview of the YO mentoring scheme. Could a mentor make a difference to your career? If paperwork gets you down, then make sure you stay and listen to Dr Fatima Cardoso from the Champalimaud Cancer Center, Lisbon, Portugal who will offer practical advice on how to write successful grant applications.

The YO track is packed with opportunities to get practical advice, expand your contacts and kindle your motivation to achieve. Whichever sessions you pick, expect to be inspired.

Exclusive offer!

New and existing members can purchase 3 years of membership for the price of 2! But hurry, this offer is only available while you are here in Madrid!

Also at the ESMO Booth, members can pick up our latest publications and learn how to access OncologyPRO, a free online portal for members packed with Congress webcasts and educational resources.

While you are at the Booth, take a stroll around the Society Village – a great opportunity to meet representatives from national oncology societies who can tell you more about local activities and support networks.

ESMO Membership Booth
Open Saturday to Monday in the Exhibition Hall

Membership Services Desk
Open every day in the Registration Hall

You can visit us online at www.esmo.org. Follow us on Twitter @myesmo. Find us on Facebook www.facebook.com/esmo.org.
ESMO Examination – tonight

Tonight oncologists across the globe will sit the ESMO Examination (17.30–20.00, Hall 7). Here in Madrid, candidates will join international colleagues to answer 100 multiple choice questions and demonstrate their broad knowledge of medical oncology. The ESMO Exam certificate, awarded to all candidates who score 60% or more, is valid for 5 years.

A record-breaking 438 oncologists have already signed up to take the exam, but it is not too late for ESMO Members to register! Head to the ESMO Lounge to register today (10.00 – 14.00).

ESMO Clinical Practice Guidelines

The ESMO Clinical Practice Guidelines are an invaluable source of the latest research and clinical data on a wide range of tumour types. Prepared by leading experts in the field, these evidence-based guidelines provide clinicians with recommendations for the diagnosis and management of different cancers, to enable them to deliver the best standard of care for their patients.

For 2014, there are updates to the following Guidelines: Metastatic Colorectal Cancer, Familial Lymphoma, Metastatic Non-Small-Cell Lung Cancer, Bladder Cancer, Hodgkin’s Lymphoma, High-Grade Glioma and Atrial Cancer. In addition, there are two brand new Guidelines on Myelodysplastic Syndromes and Bone Health in Cancer Patients. Visit the ESMO Booth at the Congress for more information or go to the website http://www.esmo.org/Guidelines-Practice/

Session Info: Proffered Paper Session, Gynaecological Cancers

DAY/DATE: SUNDAY 28 SEPTEMBER
16.45 – 17.45 ROOM: BARCELONA

ESMO Clinical Practice Guidelines

Does the addition of Bevacizumab to chemotherapy improve survival in advanced cervical cancer?

Find out tomorrow in a late-breaking abstract presentation from Dr Krishnantu Tewari from Irvine Medical Center, Orange County, CA, USA, who will be discussing the final overall survival results of a phase III trial investigating this treatment approach (LB28).

Other late-breaking abstracts in this session will discuss the results of a double-blind trial investigating the addition of cetuximab to carboplatin-paclitaxel for metastatic/recurrent cervical cancer (LB05_PR) and the investigation of second-line dovitinib in metastatic endometrial cancer according to mutations in fibroblast growth factor receptor 2 (FGFR2) (LB27).

Session Info: ESMO Clinical Practice Guidelines 2

Featuring: Advanced NSCLC, gastric marginal zone lymphoma or MALT-type, high-grade glioma and HPV in head and neck cancer

Session Time: 10.45 – 12.45

Session Info: ESMO Clinical Practice Guidelines 1

Featuring: Advanced melanoma, gestational trophoblastic disease, Waldenström’s macroglobulinaemia and cervical cancer

Session Time: 13.45 – 15.45

ESMO Clinical Practice Guidelines

Oncology across the globe: ESMO’s Joint Symposia

Precision medicine – the theme of this ESMO 2014 Congress – is at the frontier of oncology. In the coming days ESMO will team up with oncology societies from as far afield as Asia, Africa and America for 10 Joint Symposium Sessions, many of which will focus on issues relevant to the evolution of personalised medicine and stratified cancer care.

Day/Date: Saturday 27 September
Room: Granada
Session Info: ESMO-CSCO: Global collaboration in phase I cancer drug development
Session Time: 09.15 – 10.45

Room: CORDOVA
Session Info: ESMO-ESMO: Tissue markers for immuno-oncology
Session Time: 11.30 – 12.30

Room: Alcalá
Session Info: ESMO Emerging Countries Committee (ECC) – AORTIC-SLACOM-UICC: Personalized medicine with limited resources: Myth or reality?
Session Time: 14.15 – 15.45

Join the Reference Society for Medical Oncologists

esmo.org

Special membership offer in Madrid

3 for 2
3 years for the price of 2!

Stop by our membership desks in the exhibition or registration hall for more information or if you are an ESMO member come and see us in the members’ lounge.

Join the Reference Society for Medical Oncologists
Young Oncologists: Working towards success

YO Masterclass
In the YO Masterclass yesterday afternoon, which was run in collaboration with the European Association for Cancer Research, four speakers from across Europe discussed exciting areas where basic science is being integrated into clinical research. You can read a report of this session in today’s Congress Daily.

Young Oncologist Track
The Masterclass marked the beginning of four packed days of sessions designed specifically for early career oncologists: the Young Oncologists track. YO sessions include educational talks, workshops and discussions, packed with practical advice guaranteed to enhance your skills for research and clinical practice.

The topics were chosen by young oncologists from across Europe, so you can be sure to find plenty of relevant support.

Don’t miss the YO Breakout sessions (08.00 – 08.45, Palma) which cover some of the more stressful and challenging situations you may face: how to address the media (Saturday), finding a good work-life balance (Sunday) and exploring the boundaries of the doctor-patient relationship (Monday).

Young Oncologist Fellowships
ESMO prides itself in the support that it offers for young oncologists. At Monday’s YO Special Session (11.00 - 12.30, Pamplona) you can learn more about the fellowship program and hear from previous fellowship winners Floriana Morgillo from the Seconda Università degli Studi di Napoli, Italy, and Hatem Azim from Institute Jules Bordet, Brussels, Belgium, as they present their projects here at congress.

Floriana knows that winning the fellowship was a significant step forward for her career and that the contacts she made with international scientists were essential for collaboration as she continues with her research.

For Hatem, the fellowship was a career defining opportunity. It allowed him to combine several research projects and complete a PhD. Today he works as the associate scientific director of a breast cancer research unit in Brussels, Belgium.

Find out more – the YO Corner
YO Corner is a section of ESMO’s website dedicated to early career oncologists. Here you will discover a wealth of advice and information to develop your skills and progress your research. Plus, you will find some newly launched features: Image of the Month challenges you to test your skills. Can you make a diagnosis from this month’s image, sent in by Dr Carmen Herrero Vicent and colleagues from Instituto Valenciano de Oncología, Valencia, Spain.

The YO Corner Journal Club can help you to keep up to date with recent research with critical reviews of the latest key papers from YO members across Europe. If you would like to write your own review, please get in touch.

We make it easy for you to stay in touch with your newly-found YO friends too. Just check out our social media channels:

• Facebook
• Twitter – start tweeting right away and tell us about your congress experience so far
• LinkedIn

ESMO prides itself on supporting its Young Oncologists. Don’t miss the chance to use the opportunities ESMO provides to get practical advice and enhance your skills to help you make the best of your research opportunities.

Find more online
http://www.esmo.org/Conferences/ESMO-2014-Congress/Young-Oncologists-Track
http://www.esmo.org/Career-Development/Young-Oncologists-Corner

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Presidental Symposium 1

DAY/DATE: SUNDAY 28 SEPTEMBER 16.00 – 17.30 ROOM: MADRID

At the first Presidential Symposium tomorrow, speakers will present the results of phase III studies with the potential to influence current treatment approaches in metastatic breast cancer and non-small-cell lung cancer (NSCLC).

Abstract: 350O_PR Final results of the phase III CLEOPATRA study, including overall survival, in which HER2-positive metastatic breast cancer patients were treated with the novel first-line treatment combination of pertuzumab, trastuzumab and docetaxel
Presenter: Dr Sandra Swain, Washington, DC, USA

Abstract: 1173O Results of the phase III MAGRIT study to assess the efficacy of the recMAGE-A3 + AS15 cancer immunotherapeutic as adjuvant treatment for patients with resected MAGE-A3-positive NSCLC
Presenter: Dr Johan Vansteenkiste, Leuven, Belgium

Abstract: LBA2_PR Results of the phase III IMPRESS study investigating whether the addition of gefitinib to chemotherapy was more effective than chemotherapy alone in treating epidermal growth factor receptor (EGFR) mutation-positive NSCLC progressing on first-line gefitinib
Presenter: Dr Tony Mok, Hong Kong, China

METASTATIC BREAST CANCER: SENSITIVITY TO ENDOCRINE THERAPY

Resistance to endocrine therapy is a serious obstacle in the battle against breast cancer. This important issue is addressed in a Patient Cases Session tomorrow.

Led by Dr Philippe Bedard from Princess Margaret Hospital, Toronto, Canada, and Dr Javier Cortes Castan from Instituto Oncologico Baselga, Barcelona, Spain, the session will discuss how to overcome resistance in oestrogen receptor-positive breast cancer and how to manage the heterogeneity of triple-negative breast cancer.

As this is such a controversial area, you should make sure to attend!

Session Info: Patient Cases. Targeting intrinsic subtypes of metastatic breast cancer: The spectrum of sensitivity to endocrine therapy

DAY/DATE: SUNDAY 28 SEPTEMBER 08.00 – 09.00 ROOM: GRANADA

YO Breakfast

HOW TO ADDRESS THE MEDIA: PRACTICAL ADVICE FOR YOUNG ONCOLOGISTS

DAY/DATE: SATURDAY 27 SEPTEMBER 08.00 – 08.45 ROOM: PALMA

HOW TO FIND THE RIGHT WORK-LIFE BALANCE: TIME MANAGEMENT FOR YOUNG ONCOLOGISTS

DAY/DATE: SUNDAY 28 SEPTEMBER 08.00 – 08.45 ROOM: PALMA

RISKS AND BOUNDARIES: THE DOCTOR / CANCER PATIENT RELATIONSHIP

DAY/DATE: MONDAY 29 SEPTEMBER 08.00 – 08.45 ROOM: PALMA

CHALLENGE YOUR EXPERT

SATURDAY 27 AND SUNDAY 28 SEPTEMBER Medical treatment for advanced endometrial cancer
08.00 – 09.00 Alicante

Is hormone therapy really harmless in elderly people?
08.00 – 09.00 Bilbao

Management of relapsed germ cell tumours
08.00 – 09.00 Salamanca

Larynx preservation: How should we decide the best treatment?
08.00 – 09.00 San Sebastian

MONDAY 29 AND TUESDAY 30 SEPTEMBER Adjuvant treatment of breast cancer
08.00 – 09.00 Alicante

Current diagnosis and treatment of CUP
08.00 – 09.00 San Sebastian

SCLC: Current approaches and the role of radiotherapy (thoracic and PCI) in stage IV disease
08.00 – 09.00 Bilbao

Thromboembolic disorders in oncology: Present status and novel agents
08.00 – 09.00 Salamanca

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SUNDAY 28 SEPTEMBER
Targeting intrinsic subtypes of metastatic breast cancer: The spectrum of sensitivity to endocrine therapy
8.00 – 9.00
Granada

Challenges in oligometastatic disease: Ways towards long-term survival of metastatic CRC
8.00 – 9.00
Valencia

Clinical and ethical issues in cancer genetics
9.15 – 10.15
Salamanca

How does one manage rare neuroendocrine malignancies?
10.30 – 11.30
Salamanca

Response, neurological function and other objectives in the management of patients with brain metastases
11.45 – 12.45
Salamanca

Treatment of medullary thyroid cancer (MTC)
14.30 – 15.30
Salamanca

The management of isolated lung metastases from soft tissue sarcomas (STS)
16.00 – 17.00
Valencia

MONDAY 29 SEPTEMBER
Treatment of castration-resistant prostate cancer (CRPC) in special situations
08.00 – 09.00
Granada

Primary surgery or neoadjuvant chemotherapy for ovarian cancer: How should we select the patients?
08.00 – 09.00
Valencia

Imaging decisions in haematological malignancies
09.15 – 10.15
Salamanca

Demonstrating the emergence of resistance
10.30 – 11.30
Salamanca

Integrating systemic and locoregional therapies in a patient with advanced hepatocellular carcinoma (HCC)
11.45 – 12.45
Salamanca

Immunotherapy in clinical practice
14.30 – 15.30
Valencia

Challenges in managing breast cancer in young patients
16.00 – 17.00
Salamanca

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RESIDUAL BREAST CANCER AFTER NEOADJUVANT THERAPY

Neoadjuvant therapy is a well-established treatment approach for many solid tumours. A Special Symposium tomorrow, led by Dr Evandro De Azambuja from Institut Jules Bordet, Brussels, Belgium, and Dr Suzette Delaloge from Institut Gustave Roussy, Villejuif, France, will focus on this approach in the treatment of breast cancer.

Topics being discussed include:
- Assessing the risk of relapse in specific breast cancer subtypes according to post-neoadjuvant therapy residual disease;
- Which biomarkers can help to define patient prognosis;
- Whether molecular imaging can predict pathological complete response;
- The problem of designing clinical trials including patients after neoadjuvant treatment will also be addressed.

Session Info:
Special Symposium. Residual disease after neoadjuvant therapies
SATURDAY 27 SEPTEMBER
Therapeutic challenges in oncogene addicted lung cancers
08.00 – 09.00
Granada

Multimodal treatment approaches in bladder cancer
08.00 – 09.00
Valencia

Immunotherapy or targeted therapy for oncogene addicted melanoma
09.15 – 10.15
Salamanca

Cancer evolution: What can we learn from N=1 molecular studies?
10.30 – 11.30
Salamanca

Pregnancy, fertility and cancer
11.45 – 12.45
Salamanca

Challenging cases of oligometastatic NSCLC
14.30 – 15.30
Bilbao

Avoiding overdiagnosis and overtreatment in cancer screening: Assessing the role of personalised screening
16.00 – 17.00
Salamanca

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At a special Award Ceremony today 15 cancer centres from around the globe will be given the prestigious recognition of ‘ESMO Designated Centre of Integrated Oncology and Palliative Care’. Malaga Auditorium, North Centre from 17.30.

These centres have been accredited as recognition for providing comprehensive services in supportive and palliative care as part of their routine care and for their pioneering integration of palliative care into routine cancer treatment.

The title will last for 3 years, during which time the centres will play an active role in the promotion of palliative care.

Attend the ESMO Designated Centre Special Session to learn about the work of these centres and to hear more from senior peers about the availability, costs and evidence for care integration. Saturday 17.30 – 19.35, Malaga Auditorium

Twitter #ESMO14
ESMO Masterclass: how to turn knowledge into cancer care

Yesteraday the YO Track series for young oncologists set off to a successful start at the YO Masterclass, young oncologists heard speakers from the European Association for Cancer Research discuss how to bridge the gap between basic science and clinical research.

One way to integrate scientific knowledge into trial design is to use clinical models. Dr Joan Seoane from the Vall d’Hebron Institute of Oncology, Barcelona, Spain, began the Masterclass by explaining how frustration at the lack of progress in glioblastoma treatment – “Why are we going so slowly? Why are we not able to find new compounds against this disease?” – has led him to develop a novel clinical model.

Established cell lines – which are used to model novel compounds – are out-dated, argued Dr Seoane. He questioned how such selected cells can represent the heterogeneous characteristics of human tumours, but believes that he has developed a superior alternative.

“Now we are developing ‘patient-derived models’. These models are based on tumour samples obtained during surgery or biopsy,” he explained. Tissue samples are then quickly inoculated into several mouse in locations that mimic the patient’s tissue. Tissue samples obtained from patients during the original surgery are inoculated into several mice in locations that mimic the patient’s tissue. Samples are then quickly inoculated into several mice in locations that mimic the patient’s tissue. Tissue samples obtained from patients during the original surgery are inoculated into several mice in locations that mimic the patient’s tissue. Samples are then quickly inoculated into several mice in locations that mimic the patient’s tissue.

“This disease?”

“Today, we are really re-learning what we already knew,” said Dr Caldas. He explained that modern sequencing and laboratory techniques show the extent of tumour heterogeneity. “If you stratify breast cancer based on genomic drivers you see that it actually exists in 10 different diseases and each of these diseases has completely different chromosomal rearrangements.”

But while this shift in the paradigm of knowledge is undoubtedly exciting, how will it translate to clinical trials and, ultimately, patient care?

“We cannot be doing 10 biopsies on patients every 3 months,” admitted Dr Caldas. “But we take blood samples all of the time.”

Liquid biopsies now allow clinicians to analyse circulating DNA within the blood and Dr Caldas hopes that such biopsies will – when combined with knowledge of heterogeneity – help to identify predictive biomarkers and inform the development of novel treatments.

Liquid biopsies can detect circulating tumour cells (CTCs), a biomarker for metastasis. Dr Klaus Pantel from the Universitätsklinikum Hamburg-Eppendorf, Hamburg, Germany, discussed how recent research shows that high CTC counts correlate with high tumour cell burdens and poor progression-free survival in metastatic breast cancer.

“If you want to monitor the efficacy of a breast cancer treatment, changes in CTC counts give better indications than serum factors,” said Dr Pantel. But he admitted that detecting CTCs is far from straightforward, especially in the early stages of cancer where CTC numbers may be low. Even during metastasis, there are only 1 million blood cells to every CTC.

But Dr Pantel has developed a novel method to detect CTCs. “In this approach, a needle is put into a vein and this catches tumour cells while they are in circulation,” explained Dr Pantel. He added, “We have proof of principle data in several cancer types.”

To bring CTC detection into the clinic, Dr Pantel knows that he will need to study metastasis and try to understand how it will change the management of cancer patients. “One of the most exciting questions is, can we identify the cells that are responsible for metastasis?”

But another question was on the mind of Dr Yap: “How can we personalise cancer treatment?”

It is critical to incorporate real-time predictive biomarkers into trial designs,” said Dr Yap. At the Institute in London, Dr Yap and colleagues are already putting this into practise.

The clinicians collect patient tumour and blood samples from patients with metastastic cancer. The samples are analysed within days and individual patients are quickly matched to suitable targeted treatments available in phase 1 trials. However, Dr Yap is first to recognise that this is by no means the perfect trial design.

“All of this is really nice, but in reality there are plenty of issues with predictive biomarkers,” he explained and commented on the many improvements that remain to be made in the design of trials, especially for novel drug combinations. Improved patient selection...

Session and YO Committee Chair, Dr Raffaele Caltiano from The Christie NHS Trust and University Hospital of South Manchester, UK, said, “It was a great pleasure to see the session so well attended. It showed that young oncologists have great interest in linking basic research to next generation clinical trials.

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**Prescribing Information**

**TAFINLAR is indicated in monotherapy for the treatment of adult patients with unresectable or metastatic melanoma with a BRAF V600 mutation using a validated test.**

**Before taking TAFINLAR, patients must have confirmation of tumour BRAF V600 mutation using a validated test.**

**Treatment with TAFINLAR was proven to significantly extend progression-free survival (PFS) vs dacarbazine.**

**Efficacy in Previously Untreated Patients (BRCAK=3 Trial)**

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Median PFS (months)</th>
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<tbody>
<tr>
<td>TAFINLAR</td>
<td>6.9 (5.2, 10)</td>
</tr>
<tr>
<td>Dacarbazine</td>
<td>2.7 (1.1, 2)</td>
</tr>
</tbody>
</table>

**Median PFS with TAFINLAR**

<table>
<thead>
<tr>
<th>DFS (months)</th>
<th>P&lt;0.001</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.7 (2.6, 4.5)</td>
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The safety profile is based on data from 5 clinical monotherapy studies and included 539 patients with melanoma. The most frequently occurring adverse reactions that led to discontinuation for TAFINLAR included hyperkalemia, headache, presyncope, thrombocytopenia, fatigue, nausea, oedema, rash, and vomiting.

**TAFINLAR can also cause serious, less common side effects, including increasing the risk of developing new primary cutaneous malignancies, serious sebaceous gland reactions, weight loss, and embolism/bolusality.**

**Adverse events that resulted in death were observed in 3% of patients treated with TAFINLAR.**

**Please visit booth #126 for more information.**